



Form 874 H-1  
Rev. 08/05

**(Home Energy Assistance Target) H.E.A.T Program/UTAP Program**  
**A P P L I C A T I O N**  
**Utah Department of Community & Culture**  
**324 South State Street, Ste. 500**  
**Salt Lake City, UT 84111-2321**

OFFICE \_\_\_\_\_  
COUNTY CODE \_\_\_\_\_  
EDITOR/ DATE \_\_\_\_\_  
OUTREACH Y N  
CRISIS \_\_\_\_\_  
APPROVED \_\_\_\_\_  
DENIAL CODE \_\_\_\_\_

**DATE:** \_\_\_\_\_  
Day Month Year

**Client ID** \_\_\_\_\_

**APPLICANT NAME:** \_\_\_\_\_  
Last First MI

Male ☐ Female ☐

**If you meet the eligibility requirements for the HEAT Program, you are also eligible for the Utah Telephone Assistance Program (UTAP) if your telephone company is a participating carrier. Would you like to apply for UTAP at this time? Yes ☐ No ☐**

**TELEPHONE:** (\_\_\_\_\_) \_\_\_\_\_  
Area Code Telephone Number Name of Telephone Company If no telephone service, would you like reconnect on LINK-UP? Yes ☐ No ☐

**Is the telephone service under the applicant's name? ☐ Yes ☐ No** If no, whose name is it under? \_\_\_\_\_

**BIRTH DATE:** \_\_\_\_\_ **SOCIAL SECURITY #:** \_\_\_\_\_  
Day Month Year

**MAILING ADDRESS:**

**RESIDENTIAL ADDRESS (Fill out only if different):**

\_\_\_\_\_  
Number & Street or PO Box

\_\_\_\_\_  
Number & Street or PO Box

\_\_\_\_\_  
Apartment Complex Name and Number

\_\_\_\_\_  
Apartment Complex Name and Number

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
City State Zip Code

**Circle: House or Apartment Rent or Own Rent/Mortgage Payment: \$ \_\_\_\_\_ Subsidized/Govt. Assisted Rent Y N**

**Do you share residence? Y N Does rent include utilities? Y N Which utilities? \_\_\_\_\_**

**Did you PAY: medical/dental insurance premiums, out of pocket medical expenses, child support, or alimony in the previous month? Y N**

☐ American Indian ☐ White ☐ Hispanic ☐ Black ☐ Asian ☐ Pacific Islander ☐ Other \_\_\_\_\_

Household Composition	Do you or anyone living in your household receive any of the following sources of income or assistance?	
Children under age 3 Y N	Employment (full time/part time) *Y N	Receive Child Support Y N
Children age 3 through 5 Y N	Unemployment Benefits/Workman's Cp. Y N	Receive Alimony Y N
Age 60 and older Y N	Railroad Retirement Y N	TANF/FEP/AFDC Y N
Handicapped/Disabled Y N	Veterans Benefits Y N	Supplemental Security Income (SSI) Y N
U.S. Citizens (all?) Y N	Social Security Y N	General Assistance Y N
Receiving Food Stamps Y N	Pension/Annuity/Retirement Y N	Other _____ Y N
		Income from Rental Property Y N
Number of Adults: _____	Number of Children (under 18): _____	<b>TOTAL Number in Household:</b> _____

**\*If yes, how often are you paid? Please circle: Weekly, Biweekly, Bi-monthly, Monthly.**

**Others in my household who are aged 18 or older:**

1 <sup>st</sup> Adult:	Relationship	Birth date	Social Security Number	Sex	Income
NAME (Last, First)		dd/mm/yyyy		M F	Y N
Client ID					
2 <sup>nd</sup> Adult:	Relationship	Birth date	Social Security Number	Sex	Income
NAME (Last, First)		dd/mm/yyyy		M F	Y N
Client ID					
3 <sup>rd</sup> Adult: If more than 3 adults, check and attach extra sheet. <input type="checkbox"/>	Relationship	Birth date	Social Security Number	Sex	Income
NAME (Last, First)		dd/mm/yyyy		M F	Y N
Client ID					

White, File Yellow, Office Use Pink, Client

**DECLARATION:** By signing this application, I certify under penalty of perjury that the information I provided on this application is true. I agree to cooperate with state and federal officials in any review of my application and to provide information necessary to verify any statement on this application. I hereby authorize HEAT/HELP/UTAP program officials to make inquiry of persons, companies, financial institutions, and other state and federal agencies to assist in the processing of my application.

I understand that giving false information or failing to notify HELP or UTAP when I no longer qualify may cause me to pay the difference between the discounted and regular rate. I must re-apply or re-certify annually, and if I move I will notify HELP/UTAP in order to continue to receive this discount. **Do you wish to enroll or re-apply to remain in Utah Power's HELP discount program that saves you up to \$8.00 per month on your Utah Power bill? Y N**

I understand that if I do not provide the necessary information to establish my eligibility within 10 days from this date that my application may be denied. **I agree not to change the vendor** to which my HEAT payment may go after this date. I understand that if Federal HEAT funds are exhausted prior to processing of this application the State of Utah is under no obligation to make payment. I understand that I will notify the State of Utah, 1-877-488-3233, ext. 642, if my situation changes and I am no longer eligible for HELP and/or UTAP.

**My HEAT payment is to be issued to the following utility(ies) in the percentages listed below (100%, 50/50%, or 25/75%):**

%	Utility Vendor	4 Office use. STOP here.	CODE	Account Number	Account Name (if Different)
	Applicant				

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TO BE COMPLETED BY HEAT Worker Only: Verifications Worksheet** **Month Used:** \_\_\_\_\_

**GROSS EARNED INCOME:** List the **name** of each adult in the household. All adults' income must be counted. If an adult has no income, put "0" and a brief explanation of why not, or attach the "Deficit" income statement if needed.

Name	Source	Date Rec'd	Amount \$	Name	Source	Date Rec'd	Amount \$
Name	Source	Date Rec'd	Amount \$	Name	Source	Date Rec'd	Amount \$
Name	Source	Date Rec'd	Amount \$	Name	Source	Date Rec'd	Amount \$

**GROSS INCOME:** Subtotal ALL GROSS Earned Income above (before taxes or deductions) \$

Earned Income Credit: 20% of income (x .20 of subtotal) \$

**NET EARNED INCOME (Subtract 20% from ALL earned income subtotal)** \$

**UNEARNED INCOME:** List by name of each in the household and the source.

Name	Source	Date Rec'd	Amount \$	Name	Source	Date Rec'd	Amount \$
Name	Source	Date Rec'd	Amount \$	Name	Source	Date Rec'd	Amount \$
Name	Source	Date Rec'd	Amount \$	Name	Source	Date Rec'd	Amount \$

Subtotal ALL Unearned Income \$

**TOTAL INCOME** **Add Total NET Earned & Total Unearned Income** \$

**DEDUCTIONS** (Itemize each receipt and date paid in the Agency Checklist - Case Log.)

Medical Expenses (out of pocket medical expenses & insurance premiums)	\$
Alimony/Child Support Payments	\$
<b>Total Deductions</b>	\$

**TOTAL NET INCOME:** (Subtract Total Deductions from Total Income) \$

**1. INCOME FORMULA**

Total NET Income \$ \_\_\_\_\_  
divided by 100% of the Poverty  
Amount for a household size of \_\_\_\_\_  
(see table) \$ \_\_\_\_\_ = \_\_\_\_\_ %  
(Ineligible if over 125%)  
subtract the % amount from \$175.00  
= \$ \_\_\_\_\_  
**Total #1:** \$ \_\_\_\_\_

**2. ENERGY BURDEN**

FUEL TYPE: \_\_\_\_\_  
Household Energy Cost (Select one):  
Actual Costs \$ \_\_\_\_\_  
House Standard \$ \_\_\_\_\_ Apt. Stand. \$ \_\_\_\_\_  
Room & Board Std. \_\_\_\_\_ (10% of rent)  
Divide Energy Cost selected above by total NET  
income \_\_\_\_\_ = \_\_\_\_\_ and times by \$7.00 =  
(Max. of 25) **Total #2:** \$ \_\_\_\_\_

**3. TARGET GROUPS**

Child under 6 \_\_\_\_\_  
Disabled \_\_\_\_\_  
Elderly \_\_\_\_\_  
(Add \$50 for each category)  
**Total #3:** \$ \_\_\_\_\_

Worker No: \_\_\_\_\_ Data Entry: \_\_\_\_\_ Action Date: \_\_\_\_\_ Denied: \_\_\_\_\_ (Total boxes 1, 2, & 3) Total HEAT Benefit \$